

TRANSMITTAL FORM

(to be used for all correspondence after filing)

Application Number		09/071,021
Filing Date		05/01/1998
First Named Inventor		Richard Frank Bruno
Group Art Unit		2616
Examiner Name		Tsegaye, Saba
Total Number of Pages in this Submission	20	Attorney Docket Number
		112143

Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; padding: 2px;">Request for Continued Examination</div>
Remarks : Amendment Accompanying Request For Continued Examination under 37 C.F.R. § 1.114		

CORRESPONDENCE ADDRESS


☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

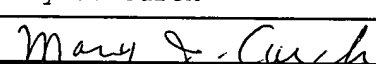
NAME	John Etchells				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

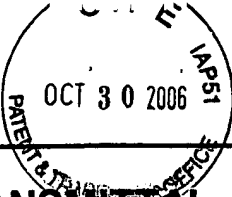
NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	10/26/2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 10/26/2006

Type or Printed Name	Mary J. Curch		
Signature		Date	10/26/2006

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

Complete if Known

Application Number	09/071,021
Filing Date	05/01/1998
First Named Inventor	Richard Frank Bruno et al.
Examiner Name	Tsegaye, Saba
Group/Art Unit	2662
Attorney Docket No.	112143

TOTAL AMOUNT OF PAYMENT	1160
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METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	01-2745
Deposit Account Name	AT&T CORP.

<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance
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FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	770	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	340	Design Filing Fee	
1004	770	Reissue Filing Fee	
1005	160	Provisional Filing Fee	

SUBTOTAL (1)

2. **CLAIMS** ☐ Filing Under 37CFR 1.53 (b)
☐ CPA Under 37CFR 1.53 (d)
☒ Amendment

	Extra Claims		Fee from below		Fee Paid
Total 25	- 24 =	1	x 50	=	50
Ind. 5	- 4 =	1	x 200	=	200

Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent Claims in excess of 3
1203	290	Multiple Dependent Claims
1204	86	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater; for Reissues, see above

SUBTOTAL (2) 250**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	120	Extension for response within first month	120
1252	450	Extension for response within second month	
1253	1020	Extension for response within third month	
1254	1590	Extension for response within fourth month	
1255	2160	Extension for response within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	110	Petition to revive - unavoidable	
1453	1330	Petition to revive - unintentional	
1501	1330	Utility issue fee (or reissue)	
1502	480	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	790
1802	900	Request for expedited exam of a design application	

Other fee (specify):

SUBTOTAL(3) 910**SUBMITTED BY**

Typed or Printed Name	John E. Etchells
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Complete (if applicable)

Reg. Number	
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Signature

Date

Deposit Account User ID